Part A, Permit Frocess --- Internal Checklist

| ID Number _ | MOD000805499 Firm Name Union Elec | Plant | |
|---------------------------------------|--|---|------|
| Refer to Form No: | PHASE ONE Interim Regulatory Requirements | Indicate by Val your initials: Pro Yes No Dat | nl g |
| 1 3 1 1 & 3 | T/S/D'Facility? (If No, return to respondent.) Form 1 received? Form 3 received? Postmarked on or before November 19, 1980? | | |
| 3 Notif. record | Date of operation entered? Date of operation on or before November 19, 1980? Notifier? Notified on or before August 18, 1980? | Jod Jana | _ |
| 1 3 (If all ten Acknowledgen | Form 1, XIII B signed? Form 3, IX B Signed? items above are initialed in the Yes column, general ment and indicate the trigger date here: | te Interim Status | |
| 1 3 | Unsure if regulated or non-regulated? New facility? | | , |
| 1 & 3 | Core items missing? If Yes, indicate which items: Facility name; location; mail address; oper certification; process info; waste info; over | | |
| | Non-core items missing? If Yes, indicate which item Maps; photos; drawings; lat/long Other observations and comments: | ns: | |
| DATE SENT BAG | 1/22 1/4 | NOV 21 1980 (Stamp forms also) | la. |

Keypunch

162

Part A, Permit Process --- Internal Checklist

| ID Number | MOD000805499 Firm Name Harion | Leu | MOUT | |
|--------------|---|------------------------|-------------------------------------|-------------------------|
| Refer to | PHASE ONE Interim Regulatory Requirements | | Indicate by your initials: | Valid Prmlg Qate? |
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| 3 | Form 1 received? | | | |
| 1 | Form 3 received? | | 1 | |
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| 3 | Date of operation entered? | | <u></u> | |
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| record | Notified on or before August 18, 1980? | | Load | go - LL |
| 1 | Form 1, XIII B signed? | | 1 | |
| 3 | Form 3, IX B Signed? | | | |
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| | RPO-disposition info | ; 0 | wner; sigs | * |
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| | Other observations and comments: | | | |
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| DATE RETURNI | ED 4/23 II | | (Stamp forms al | so) |

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
P. O. Box 15606
KANSAS CITY, MISSOURI - 64106

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA I.D. NUMBER

MOD000805499

FACILITY ADDRESS

Union Electric
Ashley Plant
Ashley & Wharf Sts.
St. Louis, Mo. 63166

| CONTINUED FROM THE FRONT | |
|--|---|
| Vil SIC, CODES (4-digit, in order of priority) | |
| A. FIRST | B, SECOND |
| (specify) 7 4 9 6 1 Steam Heat Generation | 7 4 9 1 1 (specify) Electric Power Generation |
| C. THIRD | D. FOURTH |
| (specify) | (specify) |
| | 11 15 15 15 |
| VIII OPERATOR INFORMATION | |
| 8 UNION ELECTRIC COMPAN | item VIII-A also tr owner? |
| c. STATUS OF OPERATOR (Enter the appropriate letter into the | answer box; if "Other", specify.) D. PHONE (area code & no.) |
| W-SIND IC (orbor short fordered or control | P (specify) A 3 1 4 6 2 1 3 2 2 2 |
| E. STREET OR P.O. BOX | |
| PO BOX 149 | |
| F. CITY OR TOWN | G.STATE H. ZIP CODE IX, INDIAN LAND |
| | Is the facility located on Indian lands? |
| BET LOUIS | M 0 6 3 1 6 6 ☐ YES ▼NO |
| | 40 41 42 47 - 51 |
| X EXISTING ENVIRONMENTAL PERMITS | |
| | issions from Proposed Sources) |
| 9 N M O - 0 0 0 0 3 4 5 9 P | |
| 19 M 17 [18 - 30 15] 16 17 18 B. UIC (Underground Injection of Fluids) E. C | t 10 (DTHER (specify) |
| STATE OF THE STATE | |
| 9 0 9 9 9 | |
| C. RCRA (Hazardous Wastes) E. 6 | OTHER (specify) |
| | (specify) |
| 9 | |
| XL MAP | |
| the outline of the facility, the location of each of its existing a | ding to at least one mile beyond property bounderies. The map must show and proposed intake and discharge structures, each of its hazardous waste t injects fluids underground. Include all springs, rivers and other surface ements. |
| NATURE OF BUSINESS (provide a brief description) | |
| Ashley Plant is a No. 6 residual fuel oil free generating capabilities. | ired power plant with both steam heat and electric |
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| XIII. CERTIFICATION (see instructions) | |
| execuments and that, based on my inquiry of those persons explication, I believe that the information is true, accurate and false information, including the possibility of fine and imprisons | and am familiar with the information submitted in this application and all immediately responsible for obtaining the information contained in the discomplete. I am aware that there are significant penalties for submitting ment. |
| 1-36 | GNATURE C. DATE SIGNED |
| | dgar J. Telthorst 11/17/80 |
| COMMENTS FOR OFFICIAL USE ONLY | |
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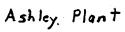
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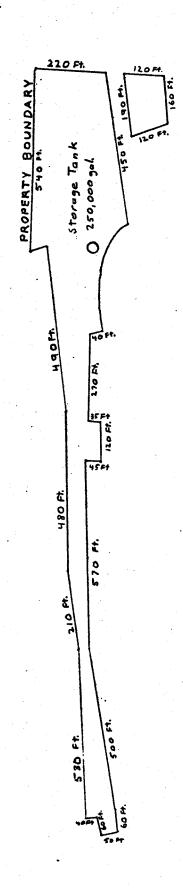
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III. PROCESSES (continued)
G. SPACE FOR ADDITIONAL PROCESS CODES INCLUDE DESIGN CAPACITY.

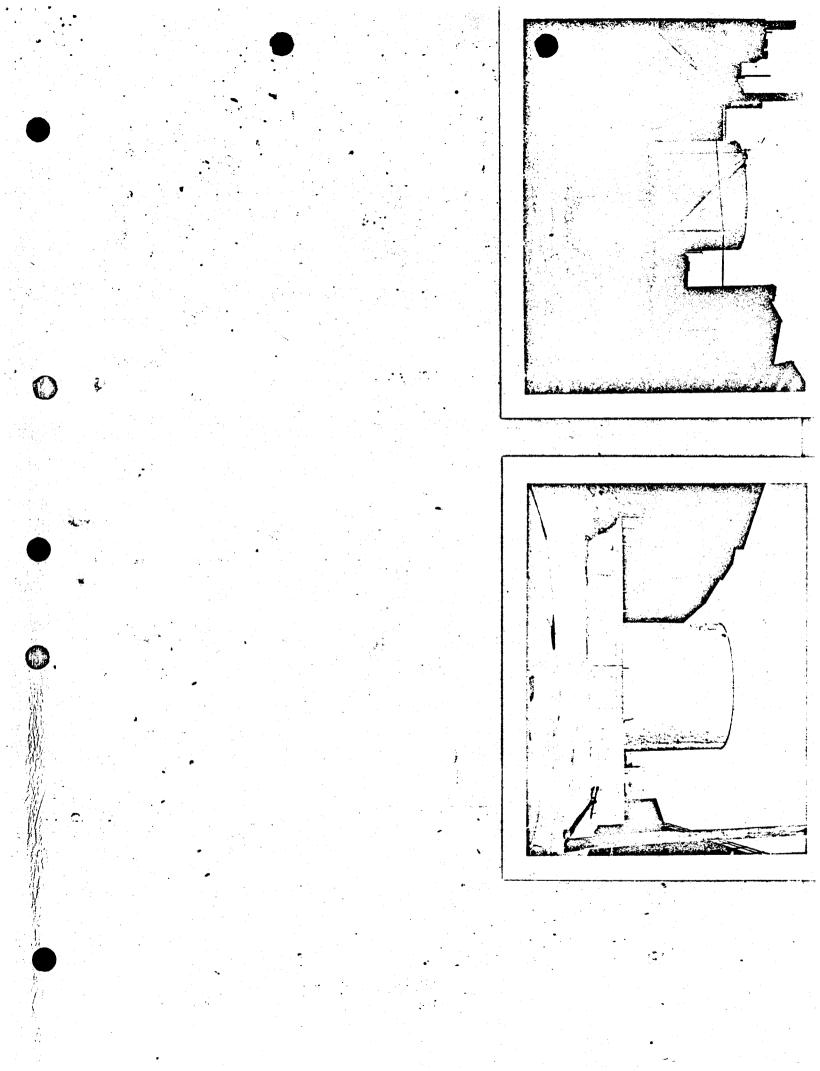
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| EPA I | 23 Orm | 35 | | ²⁰ 2 | | | <u>.</u> | | | 15 | | 39 | | 27 | - 2 | 9 2 | 7 - | 29 | 27 | 29 | 27 | - 29 | | | | | | | ONT | NUE | ON | REVERS |

| IV, DESCRIPTION OF HAZARDOUS WASTES (continue | ed) | San | State of the State | day in | ale di | L | ف كما شاو (رياز كان) | |
|--|---|---|--|--------------------|---------------------|---------------------|-----------------------|--|
| IV, DESCRIPTION OF HAZARDOUS WASTES (CONTINUED) | CODES FROM | ITEM D(I) ON P | AGE 3. | والمناف المسيد | | | | |
| E. USE INIO | | | | ا مرا | - ^^- | | | |
| The estimated annual quantity waste | designate | d on Line l | or 🚾 ge 🤅 | of . | 937 | ,500 | pound | s, |
| i | araren nv | rne Company. | WP PST | mace | rnar | rne s | Denr | |
| FOOL FOOL FOOL FOOL WILLIAM | nich are i | ncorporated | with this | use | 1 011, | cons | citut | es |
| less than one quarter of one percent of | i the tota | i weight. | | | | | | |
| | | | L | | nm = 11 | | | • |
| racd oils generated at the Company's g | arage faci | Lities (Whic | n quality | / as a | small | gener | acors | 011- |
| may possibly fail the EP Toxicity Test | on DUUD, | . Command | TOULT. | WICU | ougn t | .nese | usea 1 +- | OTTS |
| are added to other used oils generated | wichin en | e company we | ио пов ј | fail | the ine | coita | 1 LO 1114 | Тост |
| fail the EP Toxicity Test. Likewise continuous the However, we do not foresee the used oi | train spe | nr solvents | may also | ratt | Luc I Fode | o fai | 1 tha | y iest |
| However, we do not foresee the used of Ignitability Criteria since their volume | T volume f | o which they | compared | to ti | aceu i | iima o | f nee | : .d |
| oil to which they are added. | mes are in | arguri reame | Compared | LO L. | 10 101 | .u.i.c u | 1 400 | |
| oll to which they are added. | | | | | | | | |
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| | | | | | | | | |
| EPA I.D. NO. (enter from page 1) | | | | | | | | |
| F 6 | | | | | | | | |
| V. FACILITY DRAWING | | | | | | | | |
| All existing facilities must include in the space provided on page 5 | 5 a scale drawing | of the facility (see in: | structions for I | nore del | ail). | | | |
| VI. PHOTOGRAPHS | | | | | | د د د | | |
| All existing facilities must include photographs (aerial or | ground-level) | that clearly deline | ate all existir | ig struc | tures; ex | cisting s | torage, | |
| treatment and disposal areas; and sites of future storage, | treatment or di | sposal areas (see ir | structions fo | r more | detail). | | | |
| VII. FACILITY GEOGRAPHIC LOCATION | | | | | | | وتعليج بمات | |
| LATITUDE (degrees, minutes, & seconds) | | LO | NGITUDE (de | grees, m | inutes, & | seconds) | | |
| 3 8 3 8 9 | | | 8 9 8 | 118 | 5 | 1 | | |
| 65 66 67 63 69 - 71 | | | 72 - 7 | 75 76 | 777 | 79 | 27,21 W TYSE T | estate (a) electric |
| VIII. FACILITY OWNER | | | | | | | | *** |
| A. If the facility owner is also the facility operator as listed | in Section VIII o | n Form 1, "General I | nformation", | place an | "X" in t | ne box to | the left | and |
| skip to Section IX below. | | | 54 · . | | : s:4] | | | 9 J P 1 J 1 |
| B. If the facility owner is not the facility operator as listed in | in Section VIII or | Form 1, complete t | he following i | tems: | | | | |
| 1. NAME OF FACILITY | S LEGAL OWNE | R | | | 2. PHO | NE NO. | area cod | le & no.) |
| | | | | | | | | |
| E | - | | | 55 | 56 - 58 | 59 - | 61 62 | ↓ |
| 3. STREET OR P.O. BOX | T | 4. CITY OR TOW | 4 | 5. 5 | | 6. Z | IP CODE | |
| cT | 5 | | | | | | Π | |
| F 12 16 | G | | | 42 41 | <u> </u> | 17. | | - |
| IX. OWNER CERTIFICATION | | | | | | التكاملات | | |
| I certify under penalty of law that I have personally exam | nined and am fa | miliar with the in | formation su | bmitte | d in this | and all | attached | d |
| documents and that based on my inquiry of those individual | iduals immediat | ely responsible for | r obtaining th | ie intor | matio n , | I believe | e that ti | ne |
| submitted information is true, accurate, and complete. I a | am aware that i | nere are significan | r penaities to | or SUDM | icung Ta | use IIITO | IIIation | '÷ |
| including the possibility of fine and imprisonment. | | | | - 1 = | D4757 | IGNED | | |
| | SIGNATURE | n | 1 | c. | DATE S | | | |
| Edgar J. Telthorst | Edgar | J. Telts | horst | | 11/1 | 7/80 | | |
| | | | and the second second | | englasse. | 45 X 52 PAINTED | 4-16-16- | Contract |
| X, OPERATOR CERTIFICATION | | S. Walshield | and the state of | سلاجت المتنسبة | | | | e de la come |
| I certify under penalty of law that I have personally exam | mined and am f | miliar with the in | tormation su containing the | omitte ne infor | g in this mation | and all I believ | attachei e that fi | he |
| documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I | idu ais imme diat am aware that | ery responsible fol Phere are significan | obtaining th of penalties fo | or subm | nitting fa | lse info | rmation | 1, |
| in ding the possibility of fine and imprisonment. | o grand triat | | | | - | | | |
| | SIGNATURE | | | C | DATES | IGNED | | |
| The second secon | | | | | | | | |
| | | • . | | 1 | | | | |
| EPA Form 3510-3 (6-80) | | | | | | CON | -111115 6 | N PAGE |
| | PAGE 4 | | | | | £ . 6 11 W | IIMAL | |





I Inch = 300 Feet



CONTINUE ON REVERDE

EPA Form 8700-12 (6-80)

| | | | | 7 | 7/A C | | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|--|--|--|--|
| IX. DESCRIPTION OF HAZ | APPOLIS WASTES (con | tinued from from | | 2 | 13 13 13 | | | | | | | | | |
| | | | ····································· | | each listed hazardous | | | | | | | | | |
| A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.31 for each listed hazardous waste from non—specific sources your installation handles. Use additional sheets if necessary. | | | | | | | | | | | | | | |
| | 2 | 3 | 4 | 5 | 6 | | | | | | | | | |
| F 0 0 1 | F 0 0 2 F | 0 0 3 | F 0 0 5 | | | | | | | | | | | |
| 23 - 26 | 23 - 26 | - 26 | 23 - 26 | 23 - 26 | 23 - 25 | | | | | | | | | |
| l 1 - | | | 10 | | 12 | | | | | | | | | |
| 23 - 26 | 23 - 26 | 26 | 23 - 26 | 23 - 26 | 23 - 26 | | | | | | | | | |
| B. HAZARDOUS WASTES FROM | M SPECIFIC SOURCES. Er | nter the four-digit | number from 40 CFR P | art 261.32 for each li | sted hazardous waste from | | | | | | | | | |
| | | 15 | 16 | 17 | 18 | | | | | | | | | |
| <u> </u> | ┝┯╬╅┤╸┝┑ | | | Hi | | | | | | | | | | |
| | | - 26 | 23 - 26 | 23 - 26 | 23 - 26 | | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 23 - 26 | 23 - 25 | - 26 | 23 - 26 | 23 - 26 | 23 - 26 | | | | | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 | | | | | | | | | |
| | | | | | 23 26 | | | | | | | | | |
| C. COMMERCIAL CHEMICAL P | RODUCT HAZARDOUS W | ASTES. Enter the | four-digit number from | n 40 CFR Part 261.3: | 3 for each chemical sub- | | | | | | | | | |
| stance your installation handle | s which may be a hazardous | waste. Use addition | onal sheets if necessary. | | | | | | | | | | | |
| 31 | 32 | 33 | 34 | 35 | 36 | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 23 - 26 | 23 - 26 23 38 | - 26 39 | 40 | 23 - 26 | 42 | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 23 - 26 | 23 - 26 23 | - 26 | 23 - 26 | 23 - 26 | 23 - 26 | | | | | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 23 - 26 | 23 - 26 23 | 26 | 23 - 26 | 23 - 26 | from bospitals vetarings | | | | | | | | | |
| D. LISTED INFECTIOUS WAST hospitals, medical and research | ES. Enter the four—digit his laboratories your installation | on handles. Use ad | ditional sheets if necessa | sted nazardous waste ary, | from nospitals, veterinary | | | | | | | | | |
| 49 | 50 | 51 | 52 | 53 | 54 | | | | | | | | | |
| | | | | | | | | | | | | | | |
| E. CHARACTERISTICS OF NO | 23 - 26 23 | MASTES Mack"Y | " in the boyes correspon | nding to the characte | ristics of non-listed | | | | | | | | | |
| hazardous wastes your installa | tion handles. (See 40 CFR) | Parts 261.21 - 261 | .24.) | noing to the endiance | 13000 01 11000 | | | | | | | | | |
| XI. IGNITABLE (D001) | ∑ 2. co₅ (D002) | ROSIVE | DO03) | | ☑4. TOXIC (D000) | | | | | | | | | |
| X. CERTIFICATION | | and the state of t | | | The second second second | | | | | | | | | |
| I certify under penalty of attached documents, and the I believe that the submitted mitting false information, in | hat based on my inquir) I information is true, ac | of those individual of the original of the composition of the contract of the | iuals immediately res plete. I am aware the onment. | sponsible for obtain at there are signifi | ining the information, cant penalties for sub- | | | | | | | | | |
| SIGNATURE 0 | -00 | NAME & OFFICE | AL TITLE (type or prin | t) | DATE SIGNED | | | | | | | | | |
| Terrel D. & | meli | Jerrel D. | · · · · · · · · · · · · · · · · · · · | | 8/15/80 | | | | | | | | | |
| J. 3.35(1.2. 6 | | Manager - | Environmental | Services | 1 | | | | | | | | | |

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